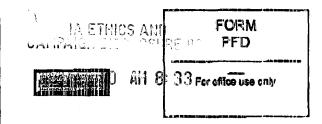
Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073



## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement			
Name: Marcia Spangler			
Please type or print legibly			
Agency or department: Department of Public Health			
Position held: Chief Financial Officer/Division Director of Administration & Prof. License			
Statewide office sought (non-incumbent candidates only):			
This statement is for Calendar Year 20 08 Check if this is an amended statement.   This statement is required to cover the calendar year preceding the year the report is due.			
General instructions: Complete each of Parts A, B, and C below. Attack additional jugges if necessary.			
Fart A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by anyone other than the agency and for the position held above check here,			
1.			
2.			
Part B. Income sources of more than \$1,000. In the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. The announce or value of the holding is not required to be listed. This includes the total amount of any income received jointly with one or more persons exceeding \$1000. Do not report income received solely by you spouse or other family members. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. If you have nothing to report under Part B check here.			
1. Securities. List any company in which you owned securities			
1.			
2.			
3			

	ites of deposit or savings accor	e institutions from which you received annual gounts.	y Osi
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Trusts. State the na	ature or type of the trusts.		
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		sts including an interest from which income wo ocation, address, or legal description	'as
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Retirement System	ns. List the name of the empl	oloyer/sponsor of any retirement benefit system	ก.
14 To 1 To			
Other. List other sorposes.	ources of annual gross income	mut reported above that were reported for an	<b>:</b>
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art C. Certified S	ignature.		
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(Signature o	of person filing/statement)	(Date)	
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